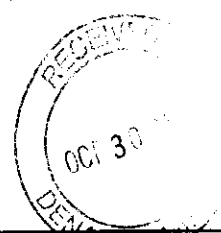



FINANCIAL STATUS REPORT



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 116-DC-2004-14		OMB Approval No. 0348-0038	Page 1	of 1
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Power & Telephone Company 193 Otto Street P.O. Box 3222 Port Townsend, WA 98368-0922						
4. Employer Identification Number 92-0153693		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) December 1, 2003		To: (Month, Day, Year) December 31, 2007		9. Period Covered by this Report From: (Month, Day, Year) July 1, 2006		To: (Month, Day, Year) September 30, 2006
10. Transactions Report the transactions for the budget period - not the whole project				I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$2,202,650	\$107,730	\$2,310,380
b. Recipient share of outlays				727,896	35,601	763,497
c. Federal share of outlays				\$1,474,754	\$72,129	1,546,883
d. Total unliquidated obligations						0
e. Recipient share of unliquidated obligations						0
f. Federal share of unliquidated obligations						0
g. Total federal share (Sum of lines c and f)						1,546,883
h. Total Federal funds authorized for this funding period						3,884,800
i. Unobligated balance of Federal funds (Line h minus line g)						\$2,337,917
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed b. Rate c. Base d. Total Amount e. Federal Share 13.500% \$2,035,561 \$274,796 \$183,986				
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governin legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Karl B. Wood, Senior Regulatory Accountant				Telephone (Area code, number and extension) (360) 385-1733, ext. 128 karl.w@aptalaska.com		
Signature of Authorized Certifying Official 				Date Report Submitted October 23, 2006		

ACCEPTED

